Fill in this information to	identify your case:	
Debtor 1	William D. Martin	
Debtor 2 (Spouse, if filing)	Kathleen M. Martin	
United States Bankrupt	cy Court for the: SOUTHERN DISTRICT OF OHIO	
	3-bk-52410	Check if this is:
(If known)		An amended filing
		☐ A supplement showing postpetition chapter 13 income as of the following date:
Official Form	<u>106I</u>	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filling spouse
	If you have more than one job, attach a separate page with information about additional employers.	Employment status Occupation	■ Employed □ Not employed Retired	■ Employed □ Not employed Clerical Specialist
	Include part-time, seasonal, or self-employed work.	Employer's name	Retired	Fairfield Medical Center
	Occupation may include student or homemaker, if it applies.	Employer's address		401 North Ewing St. Lancaster, OH 43130
		How long employed the	here?	3 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 0.00 \$ 1,236.25

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106I Schedule I: Your Income page 1

William D. Martin Debtor 1 2:13-bk-52410 Kathleen M. Martin Debtor 2 Case number (if known) For Debtor 1 For Debtor 2 or non-filing spouse 0.00 Copy line 4 here 1,236.25 List all payroll deductions: Tax, Medicare, and Social Security deductions 5a. 5a. 0.00 91.48 5b. Mandatory contributions for retirement plans 5b. \$ 0.00 \$ 0.00 5c. Voluntary contributions for retirement plans 5c. \$ 0.00 \$ 24.73 5d. Required repayments of retirement fund loans 5d. \$ 0.00 0.00 5e. Insurance 5e. \$ 0.00 89.50 5f. **Domestic support obligations** 5f. 0.00 0.00 5q. Union dues 5g. 0.00 0.00 5h. Other deductions. Specify: Life Ins. 5h.+ \$ 0.00 \$ 3.34 \$ 0.00 \$ 35.17 Vision **Health Savings Plan** \$ \$ 0.00 26.00 \$ \$ 46.48 dental 0.00 Accidental \$ 0.00 6.09 STD 0.00 21.67 Sipp Life Spouse 0.00 74.38 Sup Life 0.00 29.81 **Add the payroll deductions.** Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6 \$ 0.00 \$ 6 448.65 Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. 0.00 787.60 7. 8 List all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. 0.00 0.00 8b. Interest and dividends 8b. 0.00 0.00 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. 0.00 0.00 **Unemployment compensation** 8d. 8d. 0.00 \$ 0.00 **Social Security** 8e. \$ 8e. 2.438.00 1.041.00 Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. Specify: 0.00 0.00 8g. Pension or retirement income 8g. 716.00 \$ 0.00 Other monthly income. Specify: Annuity 8h.+ \$ \$ 0.00 148.65 Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. 3,302.65 1,041.00 10. Calculate monthly income. Add line 7 + line 9. 10. \$ + | \$ 3,302.65 1.828.60 \$ 5,131.25 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 11. 0.00 Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 12. 5,131.25 applies Combined monthly income

Case 2:13-bk-52410 Doc 78 Filed 12/29/16 Entered 12/29/16 09:02:41 Desc Main Document Page 3 of 5

Debtor 1 Debtor 2	William D. Mar Kathleen M. Ma		Case number (if known)	2:13-bk-52410
13. Do <u>у</u>	ou expect an inc	ease or decrease within the year after you file this form?		
=	Yes. Explain:	NONE NOTE: Wife's income is an average of the past 6 mo	nths.	

Debtor 1
Debtor 2 Kathleen M. Martin A supplement showing postpetition chapter 13 expenses as of the following date: MM / DD / YYYY Official Form 106J Schedule J: Your Expenses 2:13-bk-52410 Official Form 106J Schedule J: Your Expenses 12/15 Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part : Describe Your Household 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? No Do not ist lebetor 1 and Yes. Fill out this information for each dependent
Spouse, if filing United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO MM / DD / YYYYY
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO Case number 2:13-bk-52410
Case number (If known) Schedule J: Your Expenses Schedule J: Your Expenses 12/15 Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Your Household 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? Do not list Debtor 1 and Yes. Do not list Debtor 1 and Yes. Do not state the dependents names. Part 1: Dependent's relationship to Dependent's age No Yes No No Yes
Official Form 106J Schedule J: Your Expenses 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Your Household 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No O not list Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? No Do not list Debtor 1 and Pes. Do not state the dependents names. Part 1: Dependent's relationship to Dependent's relationship to Pesch dependent live with you? No No Yes. No No Yes. No No Yes No No No No No No No Yes No No No No No No No No No N
Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Your Household 1. Is this a joint case? No. Go to line 2. Yes. Dees Debtor 2 live in a separate household? No O you have dependents? No Do not list Debtor 1 and Pess. Pess of people other than Pess dependent's relationship to Debtor 2 Dependent's relationship to Debtor 1 or Debtor 2 Do not state the dependents names.
Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1:
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1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? No Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Fill out this information for each dependent
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Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Dependent's relationship to Debtor 2 Dependent's relationship to Debtor 2 Dependent's age No Yes No Yes No Yes No Yes No Yes
Debtor 2. Do not state the dependents names. Debtor 1 or Debtor 2 age live with you? No Yes
dependents names.
□ No □ Yes
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3. Do your expenses include expenses of people other than
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3. Do your expenses include expenses of people other than
3. Do your expenses include expenses of people other than
expenses of people other than
yourself and your dependents? Ures
Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report
expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date.
Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.) Your expenses
4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. \$ 0.00
If not included in line 4:
4a. Real estate taxes 4a. \$ 0.00
4h Droporty homogynoria or roptoria incurance
4b. Property, homeowner's, or renter's insurance 4b. \$
4b. Property, nomeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$ 0.00 0.00

Utilities: 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 6d. \$ Food and housekeeping supplies 7. \$ Childcare and children's education costs 8. \$ Clothing, laundry, and dry cleaning 9. \$ Personal care products and services 10. \$ Medical and dental expenses 11. \$ Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ Charitable contributions and religious donations 14. \$ Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. 15d. Other insurance. Specify: 15d. \$ Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17c. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 1061). Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 1061). Other payments on other property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income Quality in the support of	346.56 30.00 166.97 0.00 800.00 0.00 25.00 25.00 250.00 0.00 0.00
6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 6d. Stock and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Nedical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance of 15c. \$ 15c. Vehicle insurance 15d. Other insurance. Specify: Traxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Oth	30.00 166.97 0.00 800.00 0.00 25.00 25.00 250.00 0.00 0.00
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15a. Life insurance 15b. \$ 15b. Health insurance 15b. \$ 15c. Vehicle insurance 15c. \$ 15d. Other insurance. Specify: 15d. \$ Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ Installment or lease payments: 17a. Car payments for Vehicle 1 17a. \$ 17b. Car payments for Vehicle 2 17b. \$ 17c. Other. Specify: 17c. \$ 17d. Other. Specify: 17d. \$ 17d. Other specify: 17d. \$ 17d. Vour payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. \$ Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income 20a. \$ 20a. Mortgages on other property 20a. \$ 20b. Real estate taxes 20b. \$	0.00 90.00 0.00 0.00 387.72 0.00 0.00
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15c. Vehicle insurance 15c. \$ 15d. Other insurance. Specify: 15d. \$ Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ Installment or lease payments: 17a. Car payments for Vehicle 1 17a. \$ 17b. Car payments for Vehicle 2 17b. \$ 17c. Other. Specify: 17c. \$ 17d. Other. Specify: 17d. Other. Specify: 17d. Other specify: 17d. \$ Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. \$ Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income 20a. Mortgages on other property 20a. \$ 20b. Real estate taxes 20b. \$	90.00 0.00 0.00 387.72 0.00 0.00 0.00
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17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. \$ 17	0.00 0.00 0.00
17c. Other. Specify: 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your II 20a. Mortgages on other property 20a. \$ 20b. \$ 20b. \$	0.00 0.00 0.00
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Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your II 20a. Mortgages on other property 20a. \$ 20b. Real estate taxes 20b. \$	0.00
Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your li 20a. Mortgages on other property 20a. \$ 20b. Real estate taxes 20b. \$	0.00
20a.Mortgages on other property20a.\$20b.Real estate taxes20b.\$	
20b. Real estate taxes 20b. \$	
	0.00
20c. Property, homeowner's, or renter's insurance 20c. \$	0.00
	0.00
20d. Maintenance, repair, and upkeep expenses 20d. \$	0.00
20e. Homeowner's association or condominium dues 20e. \$	0.00
Other: Specify: 21. +\$	0.00
Calculate your monthly expenses	
22a. Add lines 4 through 21.	2,421.25
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	
22c. Add line 22a and 22b. The result is your monthly expenses.	2,421.25
Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$	5,131.25
23b. Copy your monthly expenses from line 22c above. 23b\$	2,421.25
	•
23c. Subtract your monthly expenses from your monthly income.	2 740 00
The result is your monthly net income. 23c. \$	2,710.00
 Do you expect an increase or decrease in your expenses within the year after you file this form. For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage paym modification to the terms of your mortgage? □ No. 	
Yes. Explain here: Wife is on a special diet for medical reasons.	ion to increase or decrease because or a